



RULE 2202 - REGISTRATION FORM

YEAR: _____

SITE ID: _____

TYPE OR PRINT ALL INFORMATION

Section I - General Information

Employer/Organization Name: _____

Worksite Address: _____

Street Number (N, S, E, W)

Street Name

Type (St., Ave., Blvd.)

Unit / Suite

Location / Mail stop

City

State

Zip Code

County (LA, OC, RS, SB)

Highest Ranking Official at this Site: _____

Name

Title

Mailing Address: _____

(If different from site address)

Phone Number: () _____ E-Mail Address: _____

Area Code

Fax Number: () _____

Area Code

Contact Name: _____

Name

Title

Mailing Address: _____

(If different from site address)

Phone Number: () _____ E-Mail Address: _____

Area Code

Fax Number: () _____

Area Code

Total number of employees reporting at this worksite: _____

Total number of employees reporting within the designated window at this worksite: _____

I attest that the attached program will be implemented as described by Rule 2202 – On-Road Motor Vehicle Mitigation Options and as approved by the AQMD.

If the program submittal is an Employee Commute Reduction Program, I further declare that in the process of program development: employee ideas were actively solicited, employees were provided with a 30-day notice to allow them to review the program prior to submittal, and employees will be notified within 30 days of receipt of program approval by the AQMD.

Signature of Highest Ranking Official: _____ Date: _____



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Section I (continued)

Check One Box Only

- Select Type of Program:
- ☐ Air Quality Investment Program (Complete Section II) pages 1-3.
- ☐ Emission/Trip Reduction Strategies (Complete Section III) pages 1-2, 4-5, and 6, 8-11 if applicable.
- ☐ Employee Commute Reduction Program (Complete Section IV) pages 1-2, 7-11, and 12-23 if applicable.
- ☐ Employee Commute Reduction Program/Emissions Offset (Complete Section IV) pages 1-2, 7-11, and 24-25.

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

South Coast Air Quality Management District
Transportation Programs
21865 E. Copley Drive
Diamond Bar, CA 91765

Please provide the site I.D. number on all checks. **Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees.**

Please refer to Rule 308 for current Emission/Trip Reduction Strategies and for Employee Commute Reduction Program filing fees. Please refer to Rule 311 for current Air Quality Investment Program filing fees

Fees are subject to change each July 1st. Call (909) 396-FEES for latest information, or download Rules 308 and 311 from our Web Site at www.aqmd.gov.

Site Street Address, City, Zip	Total # Employees	Amount Due

Late Fees, if applicable: (50% of submittal fee)

Total Fees Submitted:

+



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Section II - Air Quality Investment Program (AQIP) Option	
1. Enter the daily average number of employees reporting to work during the Peak Window of 6 am-10 am for a typical Monday through Friday period excluding those weeks which include a national holiday.	
If this is an Annual Option or the first year of a Triennial Option GO TO Line 2. If this is the second or third year of a Triennial Option GO TO Line 3.	
2. Multiply Line 1 times the dollar amount for annual or triennial option and enter that amount and STOP here. Check one: Annual \$60 _____ Triennial \$125 _____ Remit this amount plus the Filing Fee	\$
3. Second or Third Year of a Triennial Option Enter the additional number of employees relative to the first year of the Triennial Option.	
4. Multiply Line 3 times \$60 and enter that amount and STOP here. Remit this amount plus the Filing Fee	\$

If you are using the AQIP option to comply with Rule 2202, stop here and submit only completed pages 1, 2, and 3 of this package.



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Section III – Emission/Trip Reduction Strategies Option

Check **all applicable** boxes which best describe your program.

Emission Reduction Strategies

☐ Mobile Source Emission Reduction Credits (Reg XVI).

☐ New Credits ☐ Emission Bank

✓ New Credits *if you do not have banked emission credits.*

✓ Emission Bank *if you have credits in your account.*

- Old-Vehicle Scrapping (Rule 1610).
- Clean On-road Vehicles (Rule 1612).
- Clean Off-road Vehicles (Rule 1620).

☐ Stationary Source Emission Reduction Credits (Reg XIII).

Trip Reduction Strategies

☐ Peak commute trip reductions
Creditable Commute Vehicle Reductions (CCVR) credit from an ongoing Employee Commute Reduction Program.

☐ Other work-related trip reductions
Creditable Trip Reductions (CTR) credit from non-peak window commute vehicle reduction.

☐ VMT (Vehicle Miles Traveled) reductions.

☐ Parking Cash-Out.

☐ Other (Attach description/explanation).



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Section III (continued)

Emission/Trip Reduction Strategies Calculations

1. **Enter** the daily average number of employees reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday.

2. **Enter** the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window.
For CCVR credits claimed, list the program incentives in next Section: Program Elements (page 6)
Mark below how the CCVR was determined.

Check one: Employee Survey _____ (AVR = _____) *
Default AVR (1.1) _____ Other (attach explanation) _____

* Complete Section IV-2 AVR Verification Process (page 8).

Emission Reduction Target (ERT) Calculation

VOC

NOx

CO

3. **Enter** the Employee Emission Reduction Factors with respect to the worksite's Performance Target Zone. (see Table 1 in Appendix B).

Check one: Zone 1 _____ Zone 2 _____ Zone 3 _____

4. Multiply Line 1 times Line 3 and enter the results.

5. Enter the Emission Factors for Vehicle Trip Emission Credits.
(see Table 2 in Appendix B).

6. Multiply Line 2 times Line 5 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).

7. **Subtract** Line 6 from Line 4 and enter the results.
This is your EMISSION REDUCTION TARGET (ERT).
STOP here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 8, and/or Line 9, and/or Line 11.

Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area

VOC

NOx

CO

8. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, Tug Boat Emission Reductions, or other AQMD approved emission reduction strategies).

9. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, parking cash-out, non-peak CCVR's, etc.).
For non-peak CCVR credits claimed, please enter CCVR here: _____

10. **Enter** the sum of Lines 8 and Line 9.

11. **Subtract** Line 10 from Line 7 and enter the results.
This is your Net EMISSION REDUCTION TARGET (ERT).
STOP here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, surrender these credit amounts to AQMD



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Section III (continued)

Program Elements - Creditable Commute Vehicle Reductions (CCVR)

List the program strategies or elements that you will implement that can reasonably be expected to achieve the equivalent level of Creditable Commute Vehicle Reductions (CCVR) that are claimed on Page 5, Line 2.

1.

2.

3.

4.

If you are using the Emission/Trip Reduction Strategies option to comply with Rule 2202, stop here and submit completed pages 1, 2, 4, 5 and 6 of this package plus pages 8-11 if applicable.



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Section IV– Employee Commute Reduction Program (ECRP) Option

Please Check Program Type:

☐

Annual Analysis (Complete Section IV-1 and Section IV-2) pages 7-12

☐

Triennial (Complete All Sub-Sections) pages 7-23

☐

ECRP/Emissions Offset (Complete Section IV-1, Section IV-2, and Section IV-6)
pages 7-12 and pages 24-25

Section IV-1. Employee Transportation Coordinator (ETC) at this site

Mr./Ms.:

First Name:

Last Name:

Title:

Department/Unit:

Phone:

Ext:

e-mail:

Has this person completed the Rule 2202 ETC Training? Yes

☐

No

☐



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Section IV-2. AVR Verification Process

A. Methodology:

Identify the methodology used to obtain the survey data by checking one of the following choices:

☐

**District Approved
AVR Survey**

(If selected, complete B thru D.)

The 7-day survey form is available upon request for qualified employers.

☐

**Other (such as Random Sample,
or Record-Keeping)**

(This method requires prior AQMD approval).

See Rule 2202 – Employee Commute Reduction Program Guidelines for additional information.

B. Survey Response Rate

Number of surveys returned
from employees reporting to work
within the designated window.

divided by

Total number of employees
reporting to work within the
designated window.

Survey response rate
(60% minimum response
rate required.)

C. Survey Week

First day of survey

Last day of survey

**NOTE: Survey must be taken M-F (5
consecutive days), 6 am – 10 am,
exclusive of holidays and rideshare
week (see holiday listing in the
program guidelines).**

D. Specific location where surveys/record keeping data are stored at your worksite



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Section IV-2 (cont.)

Mode

NSR. No Survey Responses (if 60%-89%)	
A. Drive Alone	
B. Motorcycle	
C. 2 persons in vehicle	
D. 3 persons in vehicle	
E. 4 persons in vehicle	
F. 5 persons in vehicle	
G. 6 persons in vehicle	
H. 7 persons in vehicle	
I. 8 persons in vehicle	
J. 9 persons in vehicle	
K. 10 persons in vehicle	
L. 11 persons in vehicle	
M. 12 persons in vehicle	
N. 13 persons in vehicle	
O. 14 persons in vehicle	
P. 15 persons in vehicle	
Q. Bus	
R. Rail/plane	
S. Walk	
T. Bicycle	
U. Electric Vehicle	
V. Telecommute	
W. Noncommuting	

Compressed Work Week Day (s) Off

X. 3/36 work week	
Y. 4/40 work week	
Z. 9/80 work week	

ET. Employee Trips (Total NSR thru Z)

Other Days Off

AA. Vacation	
BB. Sick	
CC. Other	
*DD. Other NSR (90% or higher)	
EE. Total (ET + AA + BB + CC + DD)	
FF. Number of employees in window	

F. Weekly Employee/Vehicle Calculation

Column I

Column II

NSR. Divided by 1=	
A. divided by 1	
B. divided by 1	
C. divided by 2	
D. divided by 3	
E. divided by 4	
F. divided by 5	
G. divided by 6	
H. divided by 7	
I. divided by 8	
J. divided by 9	
K. divided by 10	
L. divided by 11	
M. divided by 12	
N. divided by 13	
O. divided by 14	
P. divided by 15	
Q. Bus	0
R. Rail/plane	0
S. Walk	0
T. Bicycle	0
U. Electric Vehicle	0
V. Telecommute	0
W. Noncommuting	0

TV. Total Vehicles (NSR through P)

***DD Other: No Survey Response for employers that have achieved a 90% or higher survey response rate.**



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GG. Multiply box FF by 5	
--------------------------	--

Note: Numbers in boxes EE & GG must be the same.



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Section IV-2 (cont.)

G. AVR Planning Form

- | | |
|--|-------------------------|
| 1. Total employee trips generated within window. (Section IV-2, Column I, Line ET). | 1. <input type="text"/> |
| 2. Total vehicles arriving at the worksite within the window. (Section IV-2, Column II, Line TV). | 2. <input type="text"/> |
| 3. Divide line #1 of this page by line #2 of this page for current AVR. | 3. <input type="text"/> |
| 4. Enter AVR target area here. (1.30, 1.50, or 1.75). | 4. <input type="text"/> |
| 5. AVR of last submittal. | 5. <input type="text"/> |
| 6. Divide line #1 of this page by line #4 of this page. This is the maximum weekly number of vehicles allowed at the worksite in order to meet and/or maintain the target AVR. | 6. <input type="text"/> |
| 7. Subtract line #6 of this page from line #2 of this page. This is your necessary weekly vehicle reductions required to reach your target AVR. | 7. <input type="text"/> |
| 8. Divide line #7 of this page by 5 days to calculate the necessary daily vehicle reductions required to reach your target AVR. | 8. <input type="text"/> |



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Section IV-2 (cont.)

H. Parking Cash Out/Parking Management Strategies

The State's Parking Cash-Out Program, California Health & Safety Code, Section 43845, requires certain employers who provide subsidized parking for their employees to offer a cash allowance in lieu of a parking space.

The law applies to employers (public or private) who:

- employ at least 50 employees;
- have worksites in an air basin designated non-attainment for any state air quality standard;
- subsidize employee parking that they don't own;
- can calculate the out-of-pocket expense of the parking subsidies they provide; and
- can reduce the number of parking spaces without penalty in any lease agreements.

IF YOU ARE IMPLEMENTING PARKING CASH OUT OR PARKING MANAGEMENT STRATEGIES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Date Parking Cash Out Program was implemented? _____

Do you charge employees to park?

Yes

☐

No

☐

\$ _____ /emp./mo

Do you provide cash subsidies for employee parking? Yes

☐

No

☐

\$ _____ /emp./mo

Do not insert range of values

Number of Parking Spaces Prior to Implementing Parking Cash Out or Parking Management Strategies:

Company owned on-site spaces

Company leased on-site spaces

Company owned off-site spaces

Company leased off-site spaces

Number of Parking Spaces After Implementing Parking Cash Out or Parking Management Strategies:

Company owned on-site spaces

Company leased on-site spaces

Company owned off-site spaces

Company leased off-site spaces

Has your AVR Improved after the Implementation of Parking Cash Out or Parking Management Strategies? Yes ___ No ___

Is there on-street parking or alternative parking close to your facility? Yes ___ No ___ How far? ___ (miles)

How is the program monitored? On-Site Security ___ Card Reader ___ Honor System ___ Other ___
Please add pages if other details will help in explaining your site specific parking situation.



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Section IV-3. Status/Update of Program

1. Explain why you did or did not attain your target AVR.
2. Explain how this plan is expected to succeed in achieving your target AVR.

If you need more pages, you may photocopy this form.



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Section IV-4. Marketing Summary

Identify the marketing strategies that you will be offering to employees in the program at this worksite and insert the corresponding frequency code inside the box.

Frequency Codes Table:

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)

- ☐ Company Newsletter
- ☐ Flyer/Announcements/Memo/Letter to Employees
- ☐ Bulletin Boards/Commuter Information Kiosks/Display Racks/Web Site
- ☐ Individual Contact by ETC
- ☐ Rideshare Meetings/ Focus Group(s)
- ☐ Company Rideshare Fair/Events
- ☐ Direct Communication by CEO
- ☐ New Hire Orientation
- ☐ Other (specify) _____



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Section IV-5. Strategies Summary

Please use the following tables whenever applicable:

*** Frequency Codes Table:**

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)

**** Eligibility Codes Table:**

Minimum Level of Participation
D = Daily participation
DW = Days/Week
DM = Days/Month
WD = % of Working Days
O = Other (specify)

BASIC/SUPPORT STRATEGIES

Check the ECRP strategies that your worksite will implement from the following menu:

- ☐ **Personalized Commute Assistance** – The employer provides personalized assistance such as transit itineraries, carpool matching and personal follow-up to employees.

Check all that apply:

- ☐
- Organize Focus Group(s) or Task Force(s)
-
- ☐
- Organize Carpool / Vanpool Formation Meeting(s)
-
- ☐
- Assist in Identifying Park & Ride Lots
-
- ☐
- Assist in Identifying Bicycle and Pedestrian Routes
-
- ☐
- Assist in Providing Personalized Transit Routes and Schedule Information
-
- ☐
- Provide Personalized Follow-up Assistance to Maintain Participation in the Commute Program

- ☐ **Commuter Choice Programs** - Tax free transit and/or vanpool benefits.

- ☐ **Rideshare Matching Services** – The employer provides rideshare matching service or assistance in finding commute alternatives for all employees.

Check all that apply:

- ☐
- Employer Based System
-
- ☐
- Regional Commute Management Agency
-
- ☐
- TMA/TMO System
-
- ☐
- Zip Code Lists/Maps



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How and when do you match people (*check all that apply*):

- ☐ During New Hire Orientation
☐ As Part of a Company (or site) Wide Survey
☐ On Demand

Registration and distribution will take place:

- ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ On-Going

- ☐ **Guaranteed Return Trip** - The employer provides eligible employees with a return trip (or to the point of commute origin), when a need for the return trip arises.

Check all that apply:

- ☐ Personal Emergency Situation
☐ Unplanned Business-related Activities
☐ Planned Business-related Activities
☐ Other (specify)

This will be accomplished by utilizing one or more of the following transportation modes or options:

- | | |
|--|---|
| <input type="checkbox"/> Company Vehicle | <input type="checkbox"/> TMA/TMO Provided |
| <input type="checkbox"/> Rental car | <input type="checkbox"/> Supervisor or Fellow Employee |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Other (specify) <input type="text"/> |

- ☐ **Preferential Parking for Ridesharers** - The employer provides eligible employees with preferential parking spaces to park their vehicles.

These spaces shall be clearly posted or marked in a manner to identify them for carpool and vanpool use only.

- | | |
|----------------------|---|
| <input type="text"/> | Number of Preferential Parking Spaces |
| <input type="text"/> | Minimum Number of Persons (per vehicle) Required to be Eligible |
| <input type="text"/> | Minimum Number of Days or % of Ridesharing Required to be Eligible |
| <input type="text"/> | Method of Vehicle Identification (i.e. tags, stickers, license plate No.) |



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- ☐ **Bicycle Program** - The employer provides eligible employees who commute by bicycle with such tools as biking equipment, special meetings or other bike related services.

The employer provides eligible employees who commute by bicycle with the following (see page 15 for Codes)

(Check each one that applies)

	Frequency*	Eligibility **
<input type="checkbox"/> Bicycle Matching/Meetings	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Shoes/Clothing/Helmets/Locks/etc.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Bicycle Repairs/Kits	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Discounts at Local Bike Shops	<input type="text"/>	<input type="text"/>

Other (specify)

- ☐ **Transit Information Center** - The employer provides a transit information center that makes available general transit information, and/or the on-site sale of public transit passes, tickets or tokens to the worksite employees.

Do you provide on-site sale of transit passes or tokens?

☐

Yes

☐

No

Do you offer discounted transit passes or tokens? If so, please provide the value of the discount:

☐

Yes

☐

No

\$ or %

PASSES

\$ or %

TOKENS

* See page 15 for Frequency and Eligibility Code Tables

** See page 15 for Frequency and Eligibility Code Tables



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DIRECT STRATEGIES

- ☐ **Vanpool Program** - The employer provides eligible employees with a vanpool program designed to encourage the use of existing vanpools or the development of new vanpools.

The employer provides eligible employees with a vanpool program, as follows:

☐

Employer owned/leased

☐

Third-party owned/leased

☐

Employee owned/leased

Total number of vans participating in program:

☐

Employer provided insurance

☐

Employer provided fuel/maintenance

☐

Employer provides cash subsidies for vanpoolers

☐

Subsidies prorated based on rideshare participation level

Ridership Charge for Employer Owned/Leased Vans:

\$

Other, please explain:

If the employer subsidized empty seats, how much?

\$

per seat

How long?

- ☐ **Time Off with Pay** - The employer provides eligible employees additional time off with pay for participation in the company's commute reduction program.

Participation Rate

Number of days of Participation		Time Off Earned (enter # of mins., hrs., days)	Enter Unit of Time Off Earned	Units: M = Minutes H = Hours D = Days
<input type="text"/>	Per month:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Quarter:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Per Year:	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Each day of participation	<input type="text"/>	<input type="text"/>	

What is the maximum amount (if any) of earned time off that can be accumulated within a one-year period?

Number of minutes, hours, days

Unit of time off earned

M = Minutes
H = Hours
D = Days



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- ☐ **Compressed Work Week** - A compressed work week (CWW) schedule applies to employees who, as an alternative to completing the basic work requirement in five eight-hour workdays in one week, or ten eight-hour days in two weeks, are scheduled in a manner which reduces trips to the worksite.

Does a written policy exist?

Yes

☐

No

☐

The Compressed Work Week schedule is offered to:

All employees

☐

OR

Eligible employees/Depts.

☐*Please enter the number of employees for each type of CWW used:*

	Current No. Emp.	Projected No. Emp.
<input type="checkbox"/> 3/36 Compressed Work Week	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 4/40 Compressed Work Week	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 9/80 Compressed Work Week	<input type="text"/>	<input type="text"/>

- ☐ **Telecommuting** - Telecommuting means working at home, off-site, or at a telecommuting center for a full workday, that eliminates the trip to work or reduces travel distance to the worksite by more than 50%.

Does a written policy exist?

Yes

☐

No

☐

Telecommuting is offered to:

All employees

☐

OR

Eligible employees/Depts

☐

The company telecommuting program consists of:

(Check each element that applies.)

<input type="checkbox"/>	Orientation / Training Sessions	
<input type="checkbox"/>	Working at Home	<input type="text"/> # of Days per Week
<input type="checkbox"/>	Working at Satellite Work Center	<input type="text"/> # of Days per Week
<input type="checkbox"/>	Other (specify)	<input type="text"/>

Please enter the number of program participants:

	Current No. Emp.	Projected No. Emp.
Work at Home	<input type="text"/>	<input type="text"/>
Work at Satellite Work Center	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>



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Total



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- ☐ **Parking Charge/Subsidy** – A parking fee is charged to employees who drive alone to the worksite, and/or in exchange, a subsidy is provided to employees towards costs of alternative transportation modes.

Monthly Rate

Employee Parking Charge Per Space:

\$

The employer will subsidize the parking charge for eligible employees. Each parking space will be subsidized as follows (*check each mode that applies*):

Mode	Subsidy Per Space	Eligibility Code*	Minimum Requirement
<input type="checkbox"/> 2 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 3 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 4 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 5 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 6 person vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Vanpool – 7 – 15	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Bus	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Rail/plane	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Walk	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Bicycle	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Telecommuting	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other (specify below)	<input type="text"/>	<input type="text"/>	<input type="text"/>

- ☐ **Auto Services** - The employer provides auto services for employees participating in the company's commute reduction program. Each employee will receive the following (*check each element that applies*).

Services	Average Value	Frequency Code *	Eligibility Code **	Minimum Requirement
<input type="checkbox"/> Fuel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Oil	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Tune-Up	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Repair Certificate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Car Wash	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other (specify below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* See page 15 for Frequency and Eligibility Code Tables

** See page 15 for Frequency and Eligibility Code Tables



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- ☐ **Discounted/Free Meals** - The employer provides eligible employees with free or discounted meals for their participation in the commute reduction program.

☐

The employer provides eligible employees free meals

☐

The employer provides eligible employees discounted meals

Participation in the company's discounted/free meals program is as follows:

Average Value Per Meal	Frequency*	Eligibility Code**	Minimum Requirement

- ☐ **Points Program** - Employees earn points for each day of participation in the employer's commute reduction program. Points are redeemed for such rewards as time off, gift certificates, cash or merchandise.

Value of Point:

Per # of Points:

\$

- ☐ **Prize Drawings** - The employer provides eligible employees with a chance to win prizes for participation in the company's commute reduction program.

Type of Prize	Average Value Per Prize	Number of Prizes	Drawing Frequency*	Eligibility Code**	Minimum Requirement

- ☐ **Direct Financial Awards** - The employer, or other funding source, provides eligible employees with cash subsidies for participation in the company's commute reduction program.

Mode

	Award Amount	Per Day or Month	Frequency*	Eligibility**	Minimum Requirement
2 person vehicle					
3 person vehicle					
4 person vehicle					
5 person vehicle					
6 person vehicle					
Vanpool – 7 – 15					
Bus					
Rail/plane					
Walk					
Bicycle					
Telecommuting					
Other (specify)					

* See page 15 for Frequency and Eligibility Code Tables

** See page 15 for Frequency and Eligibility Code Tables



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- ☐ **Flex Time** - The employer permits employees to adjust their work hours in order to accommodate public transit schedules or rideshare arrangements. Please check the appropriate type of flex time offered. (Do not use this section unless flex time is linked to your rideshare program.)

Grace Period ☐ and/or Shift Flexibility ☐

15 minutes ☐ 45 minutes ☐

30 minutes ☐ 60 minutes ☐

Other ☐ (please identify in minutes) _____

Does a written policy exist? Yes ☐ No ☐

- ☐ **Miscellaneous Awards** - The employer provides eligible employees miscellaneous awards for specific levels of participation in the company's commute reduction program.

Awards (specify type)	Average Value/Prize	Frequency Code*	Eligibility Code**	Minimum Requirement

* See page 15 for Frequency and Eligibility Code Tables

** See page 15 for Frequency and Eligibility Code Tables



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- ☐ **Miscellaneous Strategy(ies)** - The employer can provide many additional types of strategies designed to encourage solo commuters to participate in the commute reduction program. These strategies can include educational programs, use of Zero Emission Vehicles for commuting, company vehicles for ridesharing, transportation fairs/events, gift certificates, and rideshare clubs. If your worksite is implementing any of the above, or any additional incentives not listed on these pages, please describe them here.

(Provide a detailed description of this strategy in the space below that will identify the eligibility requirements and all other information needed to implement this strategy. If additional space is needed, you may photocopy this form and attach.)

Description of strategy:



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Section IV-6

Employee Commute Reduction Program/Emissions Offset Option

1. **Enter** the daily average number of employees reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday. This number can be obtained by dividing the number shown in Section IV-2, item F, Line ET, by 5.
2. **Enter** the daily average number of vehicles reporting to work during the Peak Window of 6am-10am for a typical Monday through Friday period excluding those weeks which include a national holiday. This number can be obtained by dividing the number shown in Section IV-2, item F, Line TV, by 5.
3. **Subtract** Line 2 from Line 1 and enter the result. This is the number of Creditable Commute Vehicle Reductions (CCVR) in the Peak Window.
For CCVR credits claimed, list the program incentives in next Section: Program Elements (page 25)

Emission Reduction Target (ERT) Calculation

VOC

NOx

CO

4. **Enter** the Employee Emission Reduction Factors with respect to the worksite's Performance Target Zone. (see Table 1 in Appendix B).

Check one: Zone 1 _____ Zone 2 _____ Zone 3 _____

5. Multiply Line 1 times Line 4 and enter the results.

6. Enter the Emission Factors for Vehicle Trip Emission Credits. (see Table 2 in Appendix B).

7. Multiply Line 3 times Line 6 and enter the results. This is your VTEC calculated from Creditable Commute Vehicle Reductions (CCVR).

8. **Subtract** Line 7 from Line 5 and enter the results.
This is your EMISSION REDUCTION TARGET (ERT).
STOP here if this amount is zero or a negative number, you are in compliance. If this amount is a positive number, proceed to either Line 9, and/or Line 10, and/or Line 13.

Vehicle Trip Emission Credits (VTEC) from Emission/Trip Reduction Sources. Indicate the lbs. of VTECs in this area

VOC

NOx

CO

9. Emission Reduction Sources (such as Reg XVI, Reg XIII, Area Source Credits, Tug Boat Emission Reductions, or other AQMD approved emission reduction strategies).

10. Trip Reduction Sources (such as other work-related trip reductions, VMT programs, parking cash-out, non-peak CCVR's, etc.).
For non-peak CCVR credits claimed, please enter CCVR here: _____

11. **Enter** the sum of Lines 9 and Line 10.

12. **Subtract** Line 11 from Line 8 and enter the results.
This is your Net EMISSION REDUCTION TARGET (ERT). **STOP** here if this amount is zero or a negative number, you are in compliance. If this amount is still a positive number, proceed to Line 13.

Vehicle Trip Emission Credits (VTEC) from AQIP to meet the balance ERT

VOC

NOx

CO

13. Air Quality Investment Program Option to Offset the ERT: Divide Line 12 by the corresponding Emission Factors in Line 4. Use round numbers only. Enter results here



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14. **Multiply** the highest number on Line 13 by \$60. This is the equivalent AQIP Fee to Offset your Net ERT. **Stop** here, you are in compliance.

\$ _____

Section IV-6 (continued)

Program Elements - Creditable Commute Vehicle Reductions (CCVR)

Select four (4) Basic/Support Strategies and two (2) Direct Strategies that you will implement that can reasonably be expected to achieve the equivalent level of Creditable Commute Vehicle Reductions (CCVR) that are claimed on Page 24, Line 3.

Please check off all Employee Commute Reduction Strategies that your worksite will be implementing from the following menu:

BASIC/SUPPORT STRATEGIES (Select 4)

- | | |
|--|---|
| <input type="checkbox"/> Personalized Commute Assistance | <input type="checkbox"/> Preferential Parking for Ridesharers |
| <input type="checkbox"/> Commuter Choice Programs | <input type="checkbox"/> Bicycle Program |
| <input type="checkbox"/> Rideshare Matching Services | <input type="checkbox"/> Transit Information Center |
| <input type="checkbox"/> Guaranteed Return Trip | |

DIRECT STRATEGIES (Select 2)

- | | |
|---|--|
| <input type="checkbox"/> Vanpool Program | |
| <input type="checkbox"/> Time Off with Pay | <input type="checkbox"/> Points Program |
| <input type="checkbox"/> Compressed Work Week | <input type="checkbox"/> Prize Drawings |
| <input type="checkbox"/> Telecommuting | <input type="checkbox"/> Direct Financial Awards |
| <input type="checkbox"/> Parking Charge/Subsidy | <input type="checkbox"/> Flex Time |
| <input type="checkbox"/> Auto Services | <input type="checkbox"/> Discounted/Free Meals |



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- ☐ Other (Please describe. Use additional pages, if necessary)



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